U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Office Only
	AUG 1 TPAUD
E	ENS ON IN

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 598	2. Fiscal Year Covered From:						
,	1 / 1 / 2004 Through: 12 / 31 / 2004						
3. Name and address of person filing.	Name, file number, and address of labor organization.						
Name Christine Dennis	Name International Associstion of Fire Fighters						
	Labor Organization File Number 000-317						
P.O. Box, Bldg., Room No., if any Suite 200.	P.O. Box, Building and Room Number, if any Suite 200						
Street 1750 New York Avenue, N.W.	Street 1750 New York Avenue, N.W.						
City Washington,	City Washington						
State District of Columbia ZIP Code + 4 20006-5395	State District of Columbia ZIP Code + 4 20006-5395						
5. Position in labor organization. Exec. Asst.to General President	ent						
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organization.	r derived income or other economic benefit of tition represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street	7.b. Amount.						
olleet							
City	The Agreement Control Control Control Annual						
State ZIP Code + 4							
Sig	nature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed Christine Lennis	On 7-11-05 202 824 1501						
	Section State of the Control of the						

Name of Person Filing Christine Dennis	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	**************************************	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Woodley & McGillivary	(\$7)		
Trade Name, if any:	a. Labor Organization b. Trust c. Employer		
P.O. Box, Bldg., Room No., if any			
Street 1125 Fifteenth Street, N.W.			
City Washington, D.C.		3	
State District of Columbia ZIP Code + 4 20005			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Legal services	Service and servic	
Trade Name, if any:		d 77	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.	\$1,073,225	
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Dinner on 10/6. Holiday season gift		
	and the state of t		
	12.b. Amount.	\$171	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		The state of the s	
Trade Name, if any:		samed variants and	
P.O. Box, Bldg., Room No., if any		10 A A A A A A A A A A A A A A A A A A A	
Street	William Control of the Control of th		
City		a de	
State ZIP Code + 4		APPEARS	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
Processorial Summarang.		L	

Name of Person Filing Christine	Dennis	File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Sun Mountain Media Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 220 Street 1629 K Street, N.W.	9. Business deals with: a. Labor Organization b. Trust c. Employer	
Clty Washington, D.C.		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	(mgs/d stroker) - project or measurements consummed and the constraint of the constr
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Provides media services	
State District of Columbia ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$359,600
	12.a. Nature of interest held or income received.	
	Dinner in Aug. 04	
	12.b. Amount.	\$100